

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

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To: Mail Stop Patent Application
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**A DISPLAY COMPRISING A CHOLESTERIC
LIQUID-CRYSTAL IN HARDENED GELATIN
AND METHOD FOR MAKING THE SAME**

First Named Inventor (or Application Identifier):

Stanley W. Stephenson, et al

Enclosed are:

1. ☒ Specification
2. ☐ 5 Sheet(s) of drawing(s)
3. ☒ Information Disclosure Statement Under 37 CFR 1.97.
4. ☐ Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
5. ☐ Assignment of the invention to
6. ☐ Certified copy of a priority
7. ☐ Associate Power of Attorney
8. ☐ Deletion of Inventor(s).

☐ Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☐ Deletion of Inventor(s).
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ,
12. ☒ Please address all written communications to Paul A. Leipold, Patent Legal Staff,
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Chris P. Konkol at (585) 722-0452.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				
TOTAL CLAIMS	30	- 20 =	10	\$ 750
INDEPENDENT CLAIMS	2	- 3 =	0	\$ 180
MULTIPLE DEPENDENT CLAIM PRESENTED				\$ 0
				+ 280
				\$0
TOTAL				\$ 930

- ☒ Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 930.**
A duplicate copy of this sheet is enclosed
- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.
A duplicate copy of this sheet is enclosed.

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